

D. INTERFACE WITH PHYSICAL HEALTH CARE PROVIDER

COORDINATION WITH PRIMARY CARE PHYSICIANS

Coordination of care between mental health care providers and general physical health care providers is necessary to optimize the overall health of a client. All providers are expected to coordinate mental health care with a client's Primary Care Physician and should have a policy and procedure in place regarding this coordination of services. They are required by the MHP to obtain a Release Of Information (ROI) from the client during the first visit to facilitate coordination with the client's Primary Care Physician. Included in Quick Reference Section of this handbook is the Healthy San Diego Physical and Mental Health Care Coordination Form, which providers may use to facilitate or enhance coordination of care with the client's Primary Care Physician.

NOTE!

See the "Plan Partner Identification for Pharmacies" in the Quick Reference Section (Section O, Attachment 7) for contact information for the Healthy San Diego Health Plans.

Pharmacy and Lab Services

HMO Medi-Cal Beneficiaries

Over 50% of Medi-Cal beneficiaries are enrolled in one of the seven Health Maintenance Organizations (HMOs) that are part of Healthy San Diego. Each HMO has contracts with specific pharmacies and laboratories. Providers prescribing medication or lab tests need to be aware of which pharmacy or laboratory is associated with each client's HMO in order to refer the client to the appropriate pharmacy or lab. (See the chart of such affiliations in the Quick Reference Section of this Handbook.) The client's HMO enrollment card also may have a phone number that providers and clients can check in order to identify the contracted pharmacy or lab.

Psychiatrists may order the following lab studies without obtaining authorization from the client's Primary Care Physician:

- CBC
- Liver function study
- Electrolytes
- BUN or Creatinine
- Thyroid panel
- Valproic acid
- Carbamazepine
- Tricyclic blood levels
- Lithium level.

All other lab studies require authorization from the client's Primary Care Physician.

Medi-Cal Beneficiaries Not Enrolled in an HMO

Medi-Cal beneficiaries who are not members of an HMO may use any pharmacy or lab that accepts Medi-Cal reimbursement.

Non-Medi-Cal Beneficiaries

Non-Medi-Cal beneficiaries who meet financial eligibility requirements being seen at County operated clinics may have their prescriptions filled at little or no cost at a county mental health clinic, or the Health and Human Services Agency Pharmacy at the Health Services Complex, 3851 Rosecrans Street, San Diego, California, 92110.

Contracted providers shall provide medications to non-Medi-Cal clients who meet financial eligibility requirements.

Contractor shall comply with the Drug Formulary for Mental Health Services policy.

Providers shall make every effort to enroll clients in low cost or free medication programs available through pharmaceutical companies or obtain free samples to offset the cost of medication.

PHYSICAL HEALTH SERVICES WHILE IN A PSYCHIATRIC HOSPITAL

Healthy San Diego Recipients

The client's Healthy San Diego HMO is responsible for the initial health history and physical assessment required for admission to a psychiatric inpatient hospital. The client's HMO also is responsible for any additional or ongoing medically necessary physical health consultations and treatments. The HMO contracted provider must perform these services unless the facility obtains prior authorization from the HMO to use another provider.

The MHP contracted psychiatrist is responsible for obtaining the psychiatric history upon admission and for ordering routine laboratory services tests. If the psychiatrist identifies a physical health problem, he or she contacts the client's HMO to request an evaluation of the problem. If the psychiatrist determines further laboratory or other ancillary services are needed, the contracted hospital must obtain the necessary authorizations from the client's HMO. (See Section O, Attachment 8 – Healthy San Diego Physical and Mental Care Coordination Form).

Beneficiaries Not Enrolled in Healthy San Diego Health Plans

For those Medi-Cal eligible clients who are not members of a Healthy San Diego HMO, physical health services provided in a psychiatric hospital are reimbursed by Medi-Cal.

TRANSFERS FROM PSYCHIATRIC HOSPITAL TO MEDICAL HOSPITAL

Psychiatric hospitals may transfer a client to a medical hospital to address a client's medical problems. The psychiatric hospital must consult with appropriate HMO staff to arrange such a transfer for physical health treatment. It is the responsibility of the HMO to pay for transportation in such cases. The UBH Medical Director and the HMO Medical Director will resolve any disputes regarding transfers.

Medical Transportation

Healthy San Diego HMOs will cover, at the Medi-Cal rate, all medically necessary emergency and non-emergency medical transportation services to access Medi-Cal covered mental health services. HMO members who call the ACL for medical transportation are referred to the Member Services Department of their HMO to arrange for such services.

HOME HEALTH CARE

Beneficiaries who are members of one of the Healthy San Diego HMOs must request in-home mental health services from their Primary Care Physician. The HMO will cover at the Medi-Cal rate home health agency services prescribed by a Plan provider when medically necessary to meet the needs of homebound members in accordance with its Medi-Cal contract with the State DHS. The MHP will pay for services solely related to the included mental health diagnoses. The HMO case manager and the Primary Care Physician coordinate on-going in-home treatment. The HMO is responsible for lab fees resulting from in-home mental health services provided to Medi-Cal members of the HMO.

HEALTHY FAMILIES ENROLLEES WHO ARE REFERRED FOR SERVICES AT CMHS

The Healthy Families Program provides health insurance for children up to their 19th birthday whose family income is between 100 and 250 percent of the federal poverty level, and are therefore not eligible for Medi-Cal. The Healthy Families Program (HFP) provides a basic mental health benefit, including psychiatric hospitalization, but some youngsters cannot be adequately served within the limits of the HFP. Such youngsters are referred to the Emergency Screening Unit (ESU) to determine if they meet the criteria for Seriously Emotionally Disturbed youth as defined by the California Welfare and Institutions Code 5600.3. If the determination is

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positive, the youngster becomes eligible for the full range of medically necessary mental health services available through Short/Doyle Medi-Cal. These services are to be provided to the extent resources allow. Referrals to Organizational Providers will be through the ESU only. Provider Programs who receive such a referral are required to verify monthly that the child or adolescent has a Medi-Cal aid type of 9H. The services should be billed under the program's usual procedure codes. Date of discharge shall be determined by the treating program in accordance with current outpatient Utilization Review criteria, or by agreement with the child and caregiver. Contact the Program Manager at ESU for more information.

Coordination of Physical and Mental Health Care

The MHP as well as organizational providers and county operated programs shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the MHP. Efforts shall be made to provide consultation and training to Medi-Cal Managed Care Providers, Primary Care Providers who do not belong to a Medi-Cal Managed Care Plan and to Federally Qualified Health Centers, Indian Health Centers, or Rural Health Centers.